PEER-REVIEW REPORT

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled "The role of the prognostic nutritional index in the survival of patients with gastric and gastroesophageal junction adenocarcinoma: a systematic review." reports a review on the relationship between prognostic nutritional index and the survival of patients that have gastric and gastroesophageal junction adenocarcinoma. The manuscript is well prepared and written. The authors may consider several suggestions listed below. 1. To give a background introduction for general readers, it is better to mention how PNI (prognostic nutritional index) is calculated in detail. 2. For the data and references mentioned and compared in this manuscript, are those PNI values calculated in the same way? Are the factor values for PNI calculation measured in the same way for different studies (groups)? 3. In table 2, it is better to mention country additionally. It seems that most studies, if not all, are done in Asian countries. Are there any data from western countries? Will human genetic factor affect the association analysis? 4. In table 4, the column "PNI cut-off value", some data just show low or high PNI, but without informative values. 5. In the discussion section, the authors mentioned that PNI cut-off values ranged between 44.2 and 47. How did those studies determine

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the PNI cut-off value? What are the ranges for PNI in these studies? Are there any suggestions to standardize the PNI cut-off values?

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SPECIFIC COMMENTS TO AUTHORS

1. This study cannot be called a systematic review study, because it does not follow the operation steps of systematic review. For example, the author did not conduct a complete literature search, and did not show any search methods and search processes. 2. The inclusion and exclusion criteria for the study were not clear. For example, does "adult patients" mean patients aged more than 18 years old? "Studies published over the past 10 years" means 2013 to 2023? 3. For cohort studies, we prefer to use the NOS(Newcastle-Ottawa Scale) to assess the quality. STROBE checklist was a reporting checklist, but it was not a risk of bias and quality assessment tool. 4. For the results, author just list the results but not pool them by meta-analysis, which was inadequate and biased.

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	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This review focuses on the review of prognostic related nutritional index (PNI) after gastric cancer surgery. The higher the PNI, the better the prognosis. The conclusions are scientific and accurate, and the main information is clear. However, the following issues need to be further modified: 1. "only" in the sentence "Surgery with or without chemotherapy is the only approach with curative intent" in the abstract is inaccurate, except for surgery and surgery plus chemotherapy，there are also immune therapy, targeting and other forms of treatments. 2. Tumor stage is very important for the classification of tumor prognosis. There is a large gap in the nutritional status of patients with early, advanced and advanced gastric cancer. However, the presentation of the literature conclusions in this review is somewhat chaotic, and it is recommended to start with gastric cancer of different stages and make clear classification. 3. The conclusion does not merely summarize the key findings of the study, so in the conclusion, in addition to summarizing the results of the existing literature, the insight and applicability of the author's findings/results to further work should be highlighted. 4. This review has not yet summarized the correlation between PNI and the degree of

tumor differentiation, Siewert subtype, tumor size, tumor depth and other important pathological characteristics, so it is recommended to further summarize. 5. "Albumin levels are a key indicator of a patient's nutritional status. Several scores based on albumin" in the Introduction levels have been developed, such as the Nutritional Index, Glasgow Prognostic Score, Nutrient Profiling System (NPS), and Controlling Nutritional Status score (CONUT). "And controlling nutritional status score (Conut)." is an example of sodium levels, but it doesn't fit right in here, Recommendation placed after "Recent studies have demonstrated that perioperative inflammation-based prognostic scores can predict overall survival in patients with diverse forms of cancer. ". 6. The overall literature time is not new, accounting for about half of the literature within 5 years. It is recommended to search and summarize the updated literature. 7. It is recommended to avoid bunching quotes. "Hirahara et al., Ishiguro et al, Lin et al, Murakami et al, Saito et al, Kudou et al and Xu et al reported 5-year OS rates between 41.7% and 70% for the low PNI groups and between 71.3% and 95.8% for the high PNI groups in their studies and in all of their studies PNI was significantly associated with Os.1,12,13,22,24,29,30 "cited several papers, this part is important to prove that PNI is significantly related to OS, it is recommended to cite separately and explain how these studies differ from each other. 8. There are some spelling mistakes in the text, which need to be corrected. 9. In the reference section, some are indented with the first letter and some are not indented with the first letter. It is recommended to unify the format.